

Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.

<b>FEE TRANSMITTAL</b> <b>For FY 2008</b>  <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		<b>Complete if Known</b>			
		Application Number	10/733,310-Conf. #9083		
		Filing Date	December 12, 2003		
		First Named Inventor	Tomohiro Shinoda		
		Examiner Name	M. K. Dhillon		
TOTAL AMOUNT OF PAYMENT		(\$)	1,270.00	Art Unit	3714
				Attorney Docket No.	LIL-0002

**METHOD OF PAYMENT** (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_

☒ Deposit Account Deposit Account Number: 18-0013 Deposit Account Name: Rader, Fishman & Grauer PLLC

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

**FEE CALCULATION**

**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	310	155	510	255	210	105	
Design	210	105	100	50	130	65	
Plant	210	105	310	155	160	80	
Reissue	310	155	510	255	620	310	
Provisional	210	105	0	0	0	0	

**2. EXCESS CLAIM FEES**

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims: 15 Extra Claims: - 20 = x Fee (\$): Fee Paid (\$):

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims: 4 Extra Claims: - 4 = x Fee (\$): Fee Paid (\$):

HP = highest number of independent claims paid for, if greater than 3.

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$260 (\$130 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets: Extra Sheets: Number of each additional 50 or fraction thereof: Fee (\$): Fee Paid (\$):

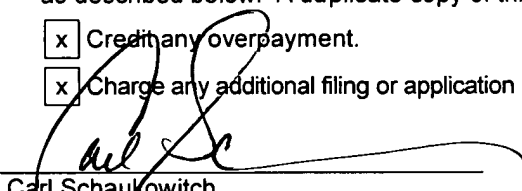
**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity)

Other (e.g., late filing surcharge): 1252 Extension for response within second month 460.00  
1801 Request for continued examination (RCE) (see 37 ... 810.00

<b>SUBMITTED BY</b>			
Signature		Registration No. (Attorney/Agent)	29,211
Name (Print/Type)	Carl Schaukowitz	Telephone	(202) 955-3750
		Date	May 14, 2008



<b>AMENDMENT TRANSMITTAL LETTER</b>				Docket No. LIL-0002	
Application No. 10/733,310-Conf. #9083		Filing Date December 12, 2003		Examiner M. K. Dhillon	
				Art Unit 3714	
Applicant(s): Tomohiro Shinoda					
Invention: GAMING MACHINE OPERATIVE FOR READING CHARACTER DATA FROM TRADING CARDS ( As amended)					
<b>TO THE COMMISSIONER FOR PATENTS</b>					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
<b>CLAIMS AS AMENDED</b>					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	15	- 20 =		x	
Independent Claims	4	- 4 =		x	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify):				Extension for response within second month; Request for continued examination (RCE) (see 37 CFR 1.114)	1,270.00
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>					1,270.00
<input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity					
<input type="checkbox"/> No additional fee is required for this amendment.					
<input checked="" type="checkbox"/> Please charge Deposit Account No. <u>18-0013</u> in the amount of \$ <u>1,270.00</u> . A duplicate copy of this sheet is enclosed.					
<input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed.					
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.					
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>18-0013</u> as described below. A duplicate copy of this sheet is enclosed.					
<input checked="" type="checkbox"/> Credit any overpayment.					
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.					
 Carl Schaukowitz Attorney/Agent Reg. No.: 29,211				Dated: <u>May 14, 2008</u>	
RADER, FISHMAN & GRAUER PLLC 1233 20th Street, N.W. Suite 501 Washington, DC 20036 (202) 955-3750					